Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Form \$40-\$ (Rev. 96/98)

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4) 6/28/99 Check if this is an Amended Registration 1. Effective Date of Registration\_ Senate Identification Number 17842-12 31360000 2. House Identification Number REGISTRANT Health Insurance Association of America 3. Registrant name 555 l3th Street, N.W. #600 East Address State DC 20004 Washington City 4. Principal place of business (if different from line 3) State/Zip (or Country) City 5. Telephone number and contact name E-mail (optional) Contact **{202}** 824-1845 Sharon L. Cohen 6. General description of registrant's business or activities Trade association of health insurers and managed care companies CLIENT A Lobbying flim is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box Self Self 7. Client name Address City 8. Principal place of business (if different from line 7) State/Zip (or Country) City 9. General description of client's business or activities LOBBYISTS 10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, state the executive and/or legislative positian(s) in which the person served. Covered Official Position (if applicable) Donald A. Young, M.D. Melissa Dodson

LOBBYING ISSUE 11. General lobbying issue at ALC, BUD, BUD, CSP	reas. Select ali a					l, page l.	
12. Specific lobbying issues: Managed care refor for the purchase o health care benefi insurance for the	(current and ant m; confider f long-term t mandates;	cipated) stiality of me care insuran tort reform:	dical records; Me ace and for the pu disability insur	dicar rchas	e reform; tax i e of health ins access to heal	urance;	
FFILIATED ORG  3. Is there an entity other a semiannual period an  ED No ⇒ Go to line	than the client d in whole or i	that contributes n in major part plan	nore than \$10,000 to the same supervises or control and Complete the rest of	is the re	egistrant's lobbying	activities?	
			- the criteria above,	hen pro	occed to line 14. 🕓		
Name		Address			Principal Place of Business (city and state or country)		
n/a							
b) directly or in activities of	tity that:  20% equitable directly, in whe client or are of the client on a gactivity?	ole or in major pa sy organization id r any organization	e client or any organiza art, plans, supervises, co entified on line 13; Of n identified on line 13 a	ontrols,	directs, finances or	subsidizes	
	No Sign and date the registration.			Yes I Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.			
(A) No => Sign and da		ldress	Principal place of		Amount of contribution for	Ownership percentage in client	
Ø No⇔ Sign and da	A		business (city and state or coun	try)	lobbying activities		
Name	um J	4	business		6/29/99		